

Evans (B.D.)

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Report of a Typical Case.

BY

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MEDICO-LEGAL SOCIETY, NEW YORK; FELLOW MEDICAL AND CHIRURGICAL
FACULTY OF MARYLAND, ETC.

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**PERIODIC INSANITY, IN WHICH THE EXCITING
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THE subject of periodic insanity, as related to the menstrual function, is one about which the conservative physician and alienist naturally pauses before placing himself upon record. In this age, when gynecology has apparently gone wild, and the gynecologist is prone to trace every disease, about the etiology and pathology of which there is the slightest doubt, to the uterus, the ovaries, and the tubes, we, who owe so much to the womb, the resting-place of our early existence, are pained to divert the attention of our earnest scientific brethren from the old homestead and the adjacent premises; we would emphasize our belief in the existence of special organisms and specific agencies as factors in the causation of diseases that they have always traced to some functional derangement or lesion of the generative organs and for which their *sine qua non* is the removal of the ovaries. On the other hand, we hesitate to lend our indorsement to what may seem to



invite these specialists to extend their domain or give broader scope to their scalpel and hemostatic forceps.

While I think it injudicious, to say the least, to indorse abdominal section in insane patients, upon the pretext of giving them rest, skilful nursing, and more nutritious diet, or for the removal of ovaries with a slight adhesion, a congested tube, a small cyst, etc., yet I do hold that there are cases, in which a careful examination reveals no pathologic lesion whatever as existing in any of the internal generative organs, that nevertheless justify the removal of the ovaries, because the presence of these organs means the continuance of a function that acts as an exciting cause in the production of symptoms and conditions disastrous to the patient. I have selected one case that I consider a typical one; space in a paper of this kind forbids my relating more, though I have the records of large numbers at my command. Taking the following case as a representative one, from it we will draw our conclusions:

Miss S. L., aged thirty-five, white, has been insane about twelve years. She was admitted to the New Jersey State Hospital, November, 1890, suffering from periodic mania. From the time of the first appearance of the menses, she had always evinced great nervousness during her periods. In her eighteenth year she manifested regularly during her catamenial flow, a condition of excitement and exaltation which, later on in life, became more marked, and in her twenty-third year she developed various illusions, hallucinations of sight and hearing, and delusions, all of which were man-

ifested during her menstrual periods, and disappeared in a day or two after the disappearance of the menstrual flow, leaving her nervous, timid, and easily disturbed; this condition usually subsided a day or two later, and the patient was then apparently in full possession of her normal mental health, which continued until the reappearance of her menses, which brought about the recurrence of the symptoms and conditions named.

During the intervals of apparent normal health she is bright, cheerful, and entertaining, and being a lady of cultivated habits, adds much to the comfort and pleasure of her associates. Her recollection of her actions and deportment during her periods of excitement remains clear and precise; and there is always a disposition to repair any damage done while in her excited condition, saying that she had not self-control, or she would not have done so, etc. On one occasion, she battered and scarred a door leading from the ward she occupied, and after the abatement of her "spell," as she called it, she seemed much ashamed that she had done so rude a thing, and asked permission to cover the scars with her paint-brush, which she did in an artistic manner, by painting over them a beautiful landscape.

A careful examination exhibited a normal, healthy condition of the generative organs, not even tenderness on pressure over the ovarian region. This is a case such as every alienist and asylum physician has to deal with.

Dr. H. Sutherland, in the *Dictionary of Psychological Medicine*, states that of 162 cases of mania in females, no less than 99 had attacks of excitement that could be distinctly referred to the catamenial period; of the 99, in 11 the maniacal excitement

occurred at periods varying from one day to one week before the accession of the catamenia; in the remaining 88, the mania appeared to occur and to be at its worst during the catamenial discharge.

Esquirol and Morel agree that menstruation constitutes the cause in one-sixth of the cases of insanity in females.

Icard says the menstrual function can, by sympathy, create a condition varying from simple troubling of the soul to actual insanity.

Dr. I. Ray, in a paper entitled "Doubtful Recoveries," written about twenty-five years ago, said: "In females, the menstrual period may be accompanied by abnormal excitement after convalescence has seemed to be fairly established." It is a safe rule, therefore, never to discharge a female patient until the menstrual function is performed without being accompanied by mental disturbance.

It has been claimed that the menstrual condition is simply associated with the periodic attacks, and is only an exciting factor at most, the real cause being an hereditary neurotic vice. Admit that it is simply the exciting cause, and that the patient has a bad heredity, is it not the duty of the physician to remove the exciting factor?

While first assistant physician at the Maryland Hospital for the Insane, I had under my care a robust and muscular woman who was subject to maniacal outbursts, accompanied by hallucinations and delusions, at the accession of each menstrual period. She was at these times noisy, destructive, and quarrelsome; she had been an inmate of the institution for about eight years, and it was gener-

ally known that my predecessors had exhausted the *materia medica* upon her. I followed in their footsteps, and gave her every drug reputed to benefit such cases—emetics, nauseants, cathartics, hypnotics, depressants, and tonics—and all without avail. Acting under the instructions and direction of Dr. G. H. Rohé, I performed an abdominal section and removed the ovaries. Complete recovery followed the operation, and the young woman, who had been looked upon as a “hopeless case,” was discharged as recovered May 12, 1892, since which time she has remained well and earned her living. I wish to emphasize the fact that no lesion was found in the ovaries or tubes that would have warranted the operation, had not the menstrual function been, in our judgment, the exciting cause of the outbreaks; the results that followed the operation have fully justified its performance.

The menstrual function during perfect health is usually not attended by serious disturbance of the nervous or circulatory system. It lets off what, during pregnancy, would go to the nutrition and building up of the fetus, and that which, during lactation, is an addition to the nutrition and energy needed by the mother. In other words, it is a reserve force in nutrition and energy. Pozzi says: “It is the safety-valve;” but when we consider it in connection with a delicately poised nervous system that requires all its sources of supplies to be intact in order to preserve its equilibrium, it frequently means a loss of blood that is needed, a strain upon the nervous system it is unable to bear, a loss of energy it can ill afford to spare, a loss of poise, a

deviation from a normal exhibition of nerve-force and healthy mental manifestations, and hence there is an outburst, as in the case related. Whatever theory may be accepted as to menstruation, whether it be that of ovulation, simple congestion, and the shedding of the endometrium, or that of nervous origin, it is certain that in delicately poised nervous systems the nervous phenomena attendant on this function are very marked and positive, varying in characteristics and intensity with the individual.

Whether the manifestation of mental perversion be due to the loss of blood brought about by the catamenial flow, the disturbances of the circulation, or the nervous strain incident to the performance of the menstrual function, the fact that between the periods there is a normal adjustment of the mental equilibrium, leads us naturally to the assumption that a permanent cessation of that function would tend to prevent the periodic outbreaks of insanity, and promote the recovery of the patient.

Hereditary predisposition, I hold, should not deter the physician from operating; while a case in which the heredity is good offers a more encouraging outlook, yet if a condition exists in which the highly susceptible nervous system of the patient is at regular intervals upset, and delusions with other symptoms of insanity are exhibited as a consequence of the performance of this function, which under other conditions would be a token of health, it seems to me that the physician's duty points clearly to the artificial establishment of the menopause. The delusions which in the earlier stages of this form of

periodic insanity fade away at each period as the flow ceases, in the more advanced stages linger longer and show signs of more fixedness, until finally they become permanent fixtures in the mental organization, and there results an impairment of the intellect beyond the aid of either medicine or surgery; for this reason the earlier the operation is performed the better.

By reviewing the subject-matter of this paper, the following deductions have been drawn:

1. That in many cases of periodic insanity the exciting cause may be directly traced to the menstrual function.

2. That when the attacks of insanity are coincident with the catamenial flow, and an apparently normal mental condition prevails between the menstrual periods, it is fair to presume that the menstrual function is the cause of the attack.

3. That in such cases, the removal of the ovaries is justifiable, though there be no pathologic lesion discernible; the opinion is even more forcibly indicated than in cases in which a decided pathologic condition of the ovaries exists, but in which the connection between the lesion of the ovaries and the mental perversion is doubtful.

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